

Effective on 12/08/2004.
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

FEE TRANSMITTAL For FY 2009

☐ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$ 490)

Complete if Known

Application Number 10/525,914
Filing Date 8/26/2003
First Named Inventor Takiko Nakada
Examiner Name Robin Hylton
Art Unit 3781
Attorney Docket 0388 - 050243

METHOD OF PAYMENT (check all that apply)

☐ Check ☒ Credit Card ☐ Money Order ☐ None ☐ Other (please identify): _____

☒ Deposit Account Deposit Account Number: 23-0650 Deposit Account Name: _____

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☐ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, except for the filing fee
☒ Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 ☒ Credit any overpayments

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

FEE CALCULATION (All the fees below are due upon filing or may be subject to a surcharge.)

1. BASIC FILING, SEARCH, AND EXAMINATION FEES

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	330	82	540	270	220	110	_____
Design	220	110	100	50	140	70	_____
Plant	220	110	330	165	170	85	_____
Reissue	330	165	540	270	650	325	_____
Provisional	220	110	0	0	0	0	_____

2. EXCESS CLAIM FEES

Fee Description	Fee (\$)	Small Entity Fee (\$)
Each claim over 20 (including Reissues)	52	26
Each independent claim over 3 (including Reissues)	220	110
Multiple dependent claims	390	195
Total Claims - 20 or HP = Extra Claims Fee (\$)	Fee Paid (\$)	Multiple Dependent Claims
14 - _____ = 0 x _____ = 0	_____	Fee (\$)
HP = highest number of total claims paid for, if greater than 20.	_____	Fee Paid (\$)

Indep. Claims - 3 or HP = **Extra Claims** Fee (\$) **Fee Paid (\$)** || 1 - _____ = 0 x _____ = 0 | _____ |
| HP = highest number of independent claims paid for, if greater than 3. | |

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$270 (\$135 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).


Total Sheets - 100 = **Extra Sheets** / 50 = **Number of each additional 50 or fraction thereof** Fee (\$) **Fee Paid (\$)** || _____ - 100 = _____ / 50 = _____ (round up to a whole number) x _____ = _____ | _____ |

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge): _____

SUBMITTED BY

Signature  Registration No. 25996 Telephone 412-471-8815
Name (Print/Type) Donald C. Lepiane Date July 15, 2010